

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. CAX000015016	Manifest Document No.	2. Page 1 of	Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address KEY MECHANICAL SERVICE 10905 Laurel Ave., Santa Fe Springs, Ca. 213 944-0226			A. State Manifest Document Number 84341818			
4. Generator's Phone ()			B. State Generator's ID CAX000015016			
5. Transporter 1 Company Name KEY MECHANICAL SERVICE		6. US EPA ID Number CAX000015016	C. State Transporter's ID			
7. Transporter 2 Company Name		8. US EPA ID Number	D. Transporter's Phone CAX000015016			
9. Designated Facility Name and Site Address OMEGA CHEMICAL CORP. 12504 E. Whittier Blvd. Whittier, Ca. 90602		10. US EPA ID Number CAD042245001	E. State Transporter's ID			
			F. Transporter's Phone			
			G. State Facility's ID CAD042245001			
			H. Facility's Phone 213/698-0991			
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)			12. Containers	13. Total Quantity	14. Unit W/Vol	15. Waste No.
a. HAZARDOUS WASTE LIQUID N.O.S NA 9189 R-11 ORM-E			No. Type 6 DM	1200	P	211
b.						
c.						
d.						
J. Additional Descriptions for Materials Listed Above			K. Handling Codes for Wastes Listed Above 9) RO1			
15. Special Handling Instructions and Additional Information						
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.						
Printed/Typed Name			Signature		Date Month Day Year	
17. Transporter 1 Acknowledgement of Receipt of Materials			Signature		Date	
Printed/Typed Name X RALPH SANTALE			X. Ralph E. Santale		Month Day Year 4 1 85	
18. Transporter 2 Acknowledgement or Receipt of Materials			Signature		Date	
Printed/Typed Name			Signature		Month Day Year	
19. Discrepancy Indication Space						
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.						
Printed/Typed Name N. Jay Solomon			Signature N. Jay Solomon		Date Month Day Year 10 10 85	